Patent Application Data She t

Application Inf rmati n

Application Type::

Regular

Subject Matter::

Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable

Form (CRF)?::

Number of copies of CRF::

Title::

ELIMINATING INTERFACE ARTIFACT ERRORS IN

BIOIMPEDANCE MEASUREMENTS

Attorney Docket Number::

13180-12

Request for Early

Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

Total Drawing Sheets:

15

Small Entity?::

Yes

Latin Name::

Variety denomination

name::	
Petition included?::	No
Petition Type::	
Licensed US Govt.	
Agency::	
Contract or Grant	
Numbers::	
Secrecy Order in	
Parent Appl.?::	No
Applicant Information	
Inventor Authority Type::	Inventor
Primary Citizenship	
Country::	Canada
Status::	Full Capacity
Given Name::	Kenneth
Middle Name::	Carless
Family Name::	Smith
Name Suffix::	
City of Residence::	Toronto
State or Prov. Of	
Residence::	Ontario
Country of Residence::	Canada
Street of mailing address::	1733 Queen Street East, Suite 306
City of mailing address::	Toronto

State or Province of

mailing address::

Ontario

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

M4L 6S9

Inventor Authority Type::

Inventor

Primary Citizenship

Country::

Canada

Status::

Full Capacity

Given Name::

Joel

Middle Name::

Steven

Family Name::

Ironstone

Name Suffix::

City of Residence::

Toronto

State or Prov. Of

Residence::

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Country of Residence::

Canada

Street of mailing address::

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City of mailing address::

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State or Province of

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Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

M5E 1Z5

Corresp nd nc Information

Correspondence Customer

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E-Mail Address::

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Representative Information

Representative	
Customer Number::	001059

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Non-Provisional of	60/429,316	11/27/02

Foreign Priority Applications

Country::	Application Number::	Filing Date::	Priority Claim d

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of

mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::